

DEPT. OF ADMINISTRATION DIVISION OF PUBLIC WORKS FACILITIES SERVICES

Idaho State Capitol Annex Public Event Request and Statement of Responsibility

Complete the information below, and submit the completed form to the Department of Administration, Division of Public Works, Facilities Services in accordance with scheduling procedures for the Capitol building found at http://adm.idaho.gov/pubworks/facilities/capitol.htm. Fax the form to (208) 334-4031, mail it, or deliver it in person to 502 N. 4th Street, P.O. Box 83720, Boise, ID 83720-0072. If you have questions about this form, contact us at (208) 332-1933.

By signing this agreement, the sponsoring organization or individual confirms that it has read, understood, and acknowledges its responsibility to abide by the Capitol Use Guidelines at http://adm.idaho.gov/pubworks/facilities/guidelines for use.pdf. In addition, the sponsoring organization or individual will be responsible for reimbursement of labor and material costs incurred by the State of Idaho for repairs, resurfacing, or cleaning which directly relates to damage to the Capitol Building or grounds as a result of this event.

1. SPONSORING ORGANIZATION / INDIVIDUAL

NAME:				
ADDRESS:				
PHONE:		CELL PHONE:	CELL PHONE:	
EMAIL:				
2. EVENT DETAIL	.s			
DATE:				
TIME:	start:	end:	(be sure to include time for setup/cleanup)	
LOCATION:	Capitol Annex Exterior South steps IF "OTHER," DESCRIBE:			
DESCRIBE EVENT (rally, press conference,				
topic or subject, etc) 3. RESPONSIBLE		ERSEEING EVENT the event. List a cellular pho	one number, if available.	
topic or subject, etc) 3. RESPONSIBLE			one number, if available.	
3. RESPONSIBLE List a person who will			one number, if available.	
3. RESPONSIBLE List a person who will NAME:			one number, if available.	
3. RESPONSIBLE List a person who will NAME: ADDRESS:		the event. List a cellular pho	one number, if available.	
3. RESPONSIBLE List a person who will NAME: ADDRESS: PHONE: EMAIL:	be present during	the event. List a cellular pho	one number, if available.	
3. RESPONSIBLE List a person who will NAME: ADDRESS: PHONE: EMAIL:	IFORMATION	the event. List a cellular pho		
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3. RESPONSIBLE List a person who will NAME: ADDRESS: PHONE: EMAIL: NAME OF CARRIER	IFORMATION	the event. List a cellular pho		
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3. RESPONSIBLE List a person who will NAME: ADDRESS: PHONE: EMAIL: NAME OF CARRIER ADDRESS: ADDRESS:	IFORMATION:	CELL PHONE: for property & liability		

DATE:	
	FOR FACILITIES SERVICES USE
	(You must receive a confirmation number to be sure your reservation is confirmed).

Approved	Facilities Services Authorized Signature	Date:
Disapproved		
Confirmation Number		
Comments:		